

MISSOURI TSA CONNECTIONS DEGREE PROGRAM  
SCHOLAR DEGREE APPLICATION  
Deadline: February 15

Candidate's Name \_\_\_\_\_

(Include a \$5.00 processing fee with this application.)

Home Mailing Address \_\_\_\_\_  
P.O. Box or Street                      City                      State                      Zip

Chapter \_\_\_\_\_ Grade Level \_\_\_\_\_

Years of Technology Education completed \_\_\_\_\_

Date you became a TSA member \_\_\_\_\_

Date you received the Basic Degree \_\_\_\_\_

Date you received the Academic Degree \_\_\_\_\_

Date you received the Collegiate Degree \_\_\_\_\_

List the local TSA chapter office(s) you presently hold or have held:

Year

Office(s) Held

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List the date(s) that you attended and competed at the Missouri TSA Distinctions Conference:

Year

Competitive Event

Placement

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Provide a brief summary of your first presentation about TSA and/or Technology Education. Include the group's name, the date, and the location. In addition, provide a brief summary of your second presentation made and include the group's name, the date, and the location.

List and describe the local TSA chapter activities or committees on which you have served, different from those you specified on the Collegiate Degree application.

Grade Point Average (overall) \_\_\_\_\_ Overall Technology Education GPA \_\_\_\_\_

Please provide an explanation as to why you believe you deserve this award.

The above-named TSA member has completed the established requirements for this degree and we hereby certify the information and accounts to be true and accurate.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
High School Principal

Attach three letters of recommendation and return this application to the Missouri TSA State Advisor **by February 15.**